

215052498
73889

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 022	Agency Case No. B5-115859	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/15/2015		TIME OF ACCIDENT 1730	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1732	12/15/2015	
B 43	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N Antelope Valley Pkwy		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				63.00	X	Salt Creek Rdwy
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 2	DRIVER LICENSE NO.	H13653253		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	JASMYNE L ORE		PHONE	4024196110	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/18/1997	
	1708 KNOX ST, LINCOLN, NE 68521					
G 5	OWNER	JOYCE E ORE		PHONE	4024400939	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB489387	
	8530 SUNRIGE RD, LINCOLN, NE 68505					
H 2	LICENSE PLATE PA NO.	TEF793		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2010	KIA	SOUL	Compact Utility	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
V2/O 2	VEHICLE ID NO. (V1/N)	KNDJT2A28A7118572		INSURANCE COMPANY PROGRESSIVE		
	TOWED TO	TOWED BY		POLICY NO. 901209699		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H12412631		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	KATHERINE A DOYLE		PHONE	4026018919	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/31/1980	
	6341 S 32ND STREET, LINCOLN, NE 68516					
J 01	OWNER	MATTHEW J MERRILL		PHONE	4028534353	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
	6341 S 32ND STREET, LINCOLN, NE 68516					
V1/Q 4	LICENSE PLATE PA NO.	RYM862		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2014	Nissan	PATHFINDER	Medium/large	gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
	VEHICLE ID NO. (V1/N)	5N1AR2MM2EC650159		INSURANCE COMPANY GEICO		
K 01	TOWED TO	TOWED BY		POLICY NO. 4173226988		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-115859



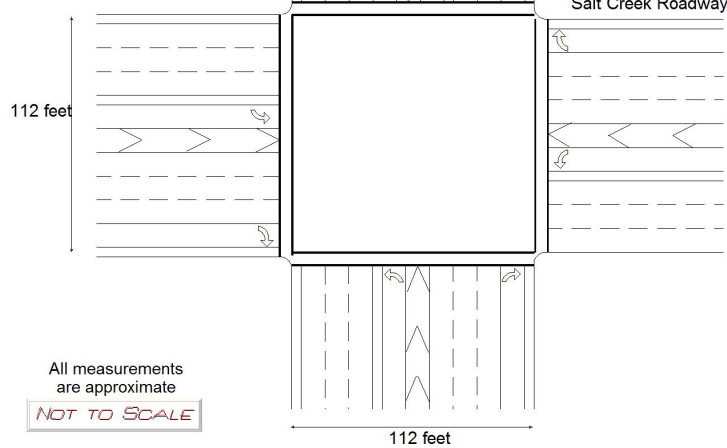
Indicate
North
by Arrow



P.O.I.

63' N of N Curb of Salt Creek Roadway
23' E of W Curb of N Antelope Valley Pkwy

North Antelope
Valley Parkway



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated she was SB on N Antelope Valley Pkwy in the westernmost through lane. D1 stated V2 stopped suddenly and she did not have adequate time to stop. D1 stated she then collided with V2, causing an accident. D2 stated she was SB on N Antelope Valley Pkwy in the westernmost through lane. D2 stated the light turned green however traffic continued to turn in front of her, so she did not accelerate into the intersection immediately. D2 stated V1 then collided with the rear of her vehicle, causing an accident. No independent witnesses. D1 was cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	1	
1		X			N ANTELOPE V	POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	
2		X			N ANTELOPE	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	VEHICLE 2		VEHICLE 2		ALCOHOL LEVEL TESTED	Y	N	Y	N
1	01	06 Turning left 07 Making U-turn				00 None	02	03	04	VEHICLE 2		VEHICLE 2		BAC LEVEL				
2	11	08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				01	02	03	04	VEHICLE 2		VEHICLE 2		ALCOHOL/ DRUGS SUSPECTED	1	1	1	
OFFICER NO. 1686					TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department					Photographs taken? <input type="radio"/> YES <input type="radio"/> NO							
INVESTIGATOR NAME (Print or Type) Matthew Schiefelbein					INVESTIGATOR SIGNATURE Approved by Officer Matthew Schiefelbein					DATE OF REPORT 12/15/2015								